

# HOEGEMEYER ANIMAL CLINIC

1516 Sidney Baker  
Kerrville, Texas 78028  
830-896-6507

<NUMBER> <CONTACT><CLIENT>      <ANIMAL>      <DATE>

DR \_\_\_\_\_

## During this procedure, your pet will receive the following:

- A full physical examination prior to the anesthesia
- A comprehensive pre-surgical blood profile to ensure proper organ function prior to starting anesthesia
- An intravenous catheter for venous access to administer fluids and access in case of emergency
- Monitoring by technicians using a pulse oximeter which helps assess depth of anesthesia
- A tooth-by-tooth oral examination once your pet has been anesthetized
- Ultrasonic scaling, hand-scaling and polishing
- Pain management where appropriate

\_\_\_\_\_ I **accept** full mouth dental radiographs

**COST \$ 95.94**

Full mouth dental radiographs are recommended once a year

\_\_\_\_\_ I **decline** full mouth dental radiographs

**I understand that once my pet has been anesthetized and the oral cavity has been fully examined, finding additional pathology is not unusual.**

\_\_\_\_\_ **IN THE EVENT** we are unable to reach you while your pet is under anesthesia, and if recommended by the veterinarian, **I AUTHORIZE** necessary extractions and oral treatment to be performed.

The nature of the procedure has been explained to me and no guarantee has been made as to results or cure. I understand that there is a risk involved in these procedures, including that of anesthesia. I have read and accept the above conditions of this hospital admission statement.

Signature of owner / agent \_\_\_\_\_

Phone number I can be reached immediately today \_\_\_\_\_

Email where I can receive correspondence today \_\_\_\_\_